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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": review of gender mainstreaming in entities of the United Nations system

Statement submitted by Radin Institute for Family Health Education and Promotion, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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Women's health, current challenges and future strategies in the twenty-first century

Health is a basic human right for women and girls and essential for their social and economic development. Women's Health promotion should be recognized as a core strategy for the advancement and empowerment of women and girls in the 21st century. The ultimate goal could be to increase health expectancy for women and girls, and to narrow the gap in health expectancy between countries and groups.

New public health issues and challenges emerging in the field of women's health have demonstrated a need to re-examine and update the international agenda for women's health promotion in the 21st century. To advance this concept, governments have to begin a process to identify continuing or emerging gaps in knowledge and to develop research-based strategies that will result in improved health status for all women.

We can be heartened by initiatives by government, researchers, health professionals and diverse communities of women to attend thoughtfully and energetically to women's health concerns. We can be encouraged by the broader understanding of the determinants of women's health. In fortifying both the conceptual shifts taking place and our common ground, we should continue to develop policies and practices which, focused on women's equity, increasingly enable women's health. We need to recognize that major prerequisites for women's health are peace, housing, education, social security, social relations, food, income, empowerment, gender equity, sustainable resource use, and social justice. Poverty is the greatest threat to women's health.

It is vital that women's health promotion evolves to meet changes in the determinants of health. Transnational factors also have a significant impact on women's health. These include the integration of the global economy, financial markets and trade, access to media and communication technology, as well as environmental degradation due to the irresponsible use of resources.

Governments need to set a well defined initiative for women's health promotion that offers a vision and focus for women's health into the next century. It should reflect the firm commitment of all stakeholders on women's health promotion to draw upon the widest range of resources to tackle women's health determinants in the 21st century.

Women's health promotion strategies can develop and change lifestyles, and the social, economic and environmental conditions which determine health within family and society. Women's health promotion could be a practical approach to achieve greater gender equity. We encourage all governmental and non-governmental stakeholders to focus on four key strategies for success: 1) building healthy women and healthy girls public policy 2) creating a supportive environment, 3) strengthening community action, 4) redesigning health services.

We call attention to health concerns affecting the health status of women based on cultural factors, socio-economic conditions, and issues of race and gender. Cultural beliefs and practices associated with causes and treatment of illness, and other lifestyle behaviors, are important determinants of women's health status, and in the prevention of morbidity and mortality. The lack of cultural sensitivity on the part of women's health-care providers toward the rural recipient, remains an issue in rural communities, and continues to threaten the cost of effective women's health care, and contributes to a higher risk of poor health among women.

Despite enormous social, economic and racial barriers, and fragmented health services, many women who utilize public health services have health strengths and coping strategies that enable them to live healthily and productively, and raise healthy children who are safe and constructive. We seldom look at this. To understand

how women prosper and protect their own and their children's health and well being, despite enormous odds, would, in fact, enable us to design interventions based on individual and cultural strengths, which may ultimately have a greater impact.

With the expectation that research conducted on women will involve women in the planning and design, implementation, evaluation, and interpretation of results of research studies, and will involve women who are from multiculturally and socio-economically diverse backgrounds, we suggest focused efforts on the following areas: 1) How the perception of being a public health recipient (particularly from a young age onward), where choice of provider and appointments is usually not self-selected and services are generally free, affects women's self-identity and self-reliance, particularly one's ability to make knowledge-based reproductive and other healthy life choices, 2) How gender identity and responsibility are affected and contribute to reproductive health clinics that primarily focus on females, 3) Effects of the media on healthy gender identification and sound health practices on female adolescents and adult women, 4) Continued multicultural, sound contraceptive research and development.

At the same time, we invite all stakeholders to address cardiovascular disorders, endocrine disorders, osteoporosis, and mental health and illness in women and preventive measures in girls. These health concerns are not controversial and do not come under the same political scrutiny as do reproductive and sexual health issues. To maintain and improve the status of women, we must ensure that these issues are addressed.

The Beijing Platform for Action (1995) says it clearly: "the major barrier for women to the achievement of the highest attainable standard of health is inequality, both between women and men and among women"; thus, countering the historical and systemic oppression of women must be foremost in our minds as we work to influence policy and practice at all levels - in government, in health services, and in communities.